

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q77711 Confirmation Number 2008			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____		In re Application of Michel CHEVANNE, et al.			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Application Number 10/673,458</td> <td style="width: 50%; vertical-align: top;">Filed September 30, 2003</td> </tr> </table>		Application Number 10/673,458	Filed September 30, 2003
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		For SYSTEM FOR DISPLAYING NETWORK EQUIPMENT GRAPHICALLY AND HIERARCHICALLY, FOR USE IN A COMMUNICATION NETWORK MANAGEMENT SYSTEM			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Art Unit 2452</td> <td style="width: 50%; vertical-align: top;">Examiner Tauqir HUSSAIN</td> </tr> </table>		Art Unit 2452	Examiner Tauqir HUSSAIN		
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:</p> <p style="text-align: center;">WASHINGTON OFFICE 23373 CUSTOMER NUMBER</p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number 51,361 <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ </td> <td style="width: 50%; vertical-align: top;"> <div style="border-bottom: 1px solid black; text-align: center;">/Ruthleen E. Uy/</div> <div style="border-bottom: 1px solid black; text-align: center;">Signature</div> <div style="border-bottom: 1px solid black; text-align: center;">Ruthleen E. Uy</div> <div style="border-bottom: 1px solid black; text-align: center;">Typed or printed name</div> <div style="border-bottom: 1px solid black; text-align: center;">(202) 293-7060</div> <div style="border-bottom: 1px solid black; text-align: center;">Telephone number</div> <div style="border-bottom: 1px solid black; text-align: center;">September 16, 2011</div> <div style="border-bottom: 1px solid black; text-align: center;">Date</div> </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>				<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number 51,361 <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	<div style="border-bottom: 1px solid black; text-align: center;">/Ruthleen E. Uy/</div> <div style="border-bottom: 1px solid black; text-align: center;">Signature</div> <div style="border-bottom: 1px solid black; text-align: center;">Ruthleen E. Uy</div> <div style="border-bottom: 1px solid black; text-align: center;">Typed or printed name</div> <div style="border-bottom: 1px solid black; text-align: center;">(202) 293-7060</div> <div style="border-bottom: 1px solid black; text-align: center;">Telephone number</div> <div style="border-bottom: 1px solid black; text-align: center;">September 16, 2011</div> <div style="border-bottom: 1px solid black; text-align: center;">Date</div>
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☒ *Total of 1 form is submitted.